

COMBINED DECLARATION/POWER OF ATTORNEY FOR UTILITY/DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

OPTICAL COMMUNICATION UNIT

the specification of which (check one) ☒ is attached hereto ☐ was filed on _____
as U.S. Application Serial No. _____ and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in §1.56. I hereby claim foreign priority benefit(s) under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

| | | | Priority Claimed | |
|-----------|-----------|----------------------|---|-----------------------------|
| 9-262544 | Japan | 26/Sep./1997 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (Number) | (Country) | Day/Month/Year Filed | | |
| 10-031332 | Japan | 13/Feb./1998 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (Number) | (Country) | Day/Month/Year Filed | | |

I hereby claim the benefit under 35 U.S.C. §120 of any U.S. application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| | | |
|--------------------------------|---------------------|--|
| (Application Serial No.) _____ | (Filing Date) _____ | (Status: patented, pending, abandoned) _____ |
| (Application Serial No.) _____ | (Filing Date) _____ | (Status: patented, pending, abandoned) _____ |

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorneys and agent: James D. Halsey, Jr., 22,729; Harry John Staas, 22,010; David H. Pitcher, 25,908; John C. Garvey, 28,607; J. Randall Beckers, 30,358; James H. Marsh, Jr., 24,533; William F. Herbert, 31,024; Richard A. Gollhofer, 31,106; Mark J. Henry, 36,162; Paul F. Daebeler, 35,852; Gene M. Garner II, 34,172; Ilene D. Altman, 36,371; Michael D. Stein, 37,240; Paul I. Kravetz, 35,230; Gerald P. Joyce, III, 37,648; Todd E. Harlette, 35,269; Michael Lau, 39,479; Beverly A. Paulikowski, 36,404; John P. Kong, 40,054 and William M. Schertler, 35,348 (agent) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Send correspondence to: STAAS & HALSEY, 700 Eleventh Street, N.W., Suite 500, Washington, D.C., 20001, and direct telephone calls to: (202) 434-1500

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Full name of second joint inventor, if any _____
Second Inventor's Signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____